

Attachment 1: Items Monitored Under Section III-C for the 2002-2003 Performance Agreement

REQUIREMENT	INTENT and AUTHORITY	MEASUREMENT	MONITORING and RESPONSIBLE PARTY	CONSEQUENCES FOR NON - PERFORMANCE
Developmental Disabilities 1: Maintain full lead agency status for CAP-MRDD, per the CAP/MRDD 2002 Manual.	Waiver requirements. DMA requirements for accountability. Assure that Area Programs maintain status as authorizing agents.	Compliance with Local Approval Process; Management of allocated CAP-MR/DD slots (See Attachment 9); Review of sample of provider agency staff records, on site, billing W - codes for verification of training/competencies (See Attachment 10).	<ul style="list-style-type: none"> • Audit Branch of the Program Accountability Section conducts annual on-site review and submits report. • The Operations Branch of the DD Section provides a protocol to Program Accountability for the review. • DD Section monitors the management of allocated CAP – MR/DD slots; and • Program Accountability monitors and reports annually. 	<ul style="list-style-type: none"> • Require corrective action plan for deficiencies with specified timeframes for completion of improvements, with the corrective action being tracked via Accountability 1 of the Performance Agreement; • Potential loss of lead status – loss of funds.
Developmental Disabilities 2: Fulfill the MR/MI Competency Requirement.	<ul style="list-style-type: none"> • To assure that staff providing direct supports/services for individuals receiving funding through UCR-MR/MI (formally Thomas S) via a contract with an Area Authority are meeting the same training/competencies as described in the renewed CAP/MR Waiver description of core competencies. • 14V. APSM 30-1 0602(a). • Contracts of Area Authorities should contain requirements of contract agent for assuring competencies will be met for supporting staff. 	<ol style="list-style-type: none"> 1) Review of an Area Authority sample contract (See Attachment 10); 2) Assigned rating based upon the review of an Area Authorities frequency and completeness of its contract monitoring activities (See Attachment 10); 3) Program Accountability staff will monitor provider training records, reviewing at least one provider on site, billing w codes for an individual who receives funding through UCR-MR/MI funding. (See Attachment 10). 	<p>The Program Accountability Section will monitor via the Review Protocol (Attachment 10) and the following methods:</p> <ul style="list-style-type: none"> • On-site review of contract staff training documentation; • On-site review of a sample contract; 	<ul style="list-style-type: none"> • If needed, a Plan of Correction, showing specified timeframes for completion of improvements, will be due from the Area Program by September 15, 2002, with the corrective action being tracked via Accountability 1 of the Performance Agreement. • Loss of contract by provider if plan of correction does not show substantial improvement.

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Developmental Disabilities 3:(This Requirement has been deleted.)				
<p>Developmental Disability 4: A ten-percent (10%) reduction of the DD Waiting List is required, dependent upon the availability of resources. If resources are not available, then the Area Program <i>will not</i> be sanctioned for not meeting a 10% reduction in the Waiting List. If resources are available, (as an example, through additional CAP slots) and the Area Program does not achieve a 10% reduction in the Waiting List, then the Area Program will inform the DD Section, in writing, as to why it was unable to reduce the list by 10%. <i>Area Programs will be reviewed on an individual basis based upon the amount of revenue lost.</i></p> <p>NOTE: Submission of reports, between 7/1/02 and 7/1/03, should be on individuals who were on the waiting list and who are now receiving services.</p>	<p>Single Portal database for entry into service.</p> <p>To assure that funding streams are being utilized to develop/identify services for persons waiting.</p>	<p>Measurement is based on the analysis of submitted data to determine if the 10% reduction has been achieved.</p>	<ul style="list-style-type: none">DD Section will compare Area Program Wait List data from 7/1/02 with Wait List data from 7/1/03; <p>NOTE: The Wait List Report is due 7/15/03.</p>	<ul style="list-style-type: none">Area Programs not achieving the 10% Wait List when resources are available will inform the DD Section, in writing, as to why it was unable to reduce the list by 10%.

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<p>Adult Mental Health 1: Area programs shall:</p> <p>(1) Verify income and other eligibility criteria prior to requesting authorization that a client's antipsychotic medication be paid from the State antipsychotic medication fund</p> <p>(2) Shall re-verify that the client remains eligible at least every 3 months; and</p> <p>(3) The area program shall notify the Division about any change in clients' eligibility status as soon as a change is documented.</p>	<p>The General Assembly appropriated funds to pay for atypical anti-psychotic medication for area program clients who have incomes below 150% of the poverty level and who do not have Medicaid or other insurance coverage for medication. The intent is to ensure that these funds are used for area program clients who meet the income eligibility criteria that are provided to area programs by the Division</p>	<p>Measurement will be whether each area program that has clients who have been authorized for medication paid for by these funds has the following procedures in place:</p> <ol style="list-style-type: none">1. A documented procedure to verify clients' income2. A documented procedure to re-verify clients' income and Medicaid status at least every 3 months, and3. A documented procedure for notifying the Division when there is a change in client's eligibility for use of these funds.	<p>Monitoring will be done by the Program Accountability Section when they are doing their annual on-site "audit" of area programs.</p>	<ul style="list-style-type: none">• If an area program does not have all of the required procedures in place, the area program will be required to submit and implement a corrective action plan to the Adult Mental Health Section. The corrective action plan, which will be tracked via Accountability 1 of the Performance Agreement, must address the changes that will be made to implement the required procedures.
<p>Adult Mental Health 2: Area Authority and state hospital staffs communicate and work together around admission, treatment and discharge of adult mental health clients.</p>	<p>The intent of this requirement is that Area Authorities comply with the following:</p> <ol style="list-style-type: none">1. The requirements in Hospital Admission/Discharge rules (10 NCAC 15A.0114 - .0129) which are designed to increase service continuity for Area Program residents who receive State Hospital services.2. The MH Block Grant requirement – Section 1913(c)(1)(E) that the area program provides screening for individuals being considered for admission to State Mental Health facilities (hospitals) to determine the appropriateness of such admission.	<p>This will be number of such records reviewed in which there is documentation that:</p> <ul style="list-style-type: none">• The Area Program evaluated the client for hospital admission and sent an authorization form with authorization number and client information to the hospital.• The hospital and Area Program communicated about the development of a post institutional plan that includes an appointment with the Area Program or specifies that client has made other arrangements for post hospital services. Additionally, the institutional	<p>The institutional records will be reviewed to verify that the Area Program was notified of the discharge, the date and the clients' choice of locations to be seen. Area program on site record reviews of a sample of 10 adults with psychiatric diagnoses discharged from State hospitals for whom the discharge plan indicated the area program would be responsible for community treatment are to be included in Medicaid or other scheduled record reviews.</p> <p>This will be included in on-site record reviews done by the Division staff who are responsible for this function. The</p>	<ul style="list-style-type: none">• Any Area Authority that has a decrease in compliance when FY 02 and FY 03 results are compared will be required to submit a plan for increasing compliance with this performance requirement. This plan will be tracked via Accountability 1 of the Performance Agreement.

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		<p>records will be reviewed to verify that the Area Program was notified of the discharge, the date and the clients choice of locations to be seen</p> <ul style="list-style-type: none">• The number of records in which there is this documentation will be divided by the number of records in the sample. The benchmark for FY 03 will be based on the average findings from the FY 02 record reviews.	<p>results regarding adults discharged from State Psychiatric hospitals are to be reported to the Adult MH Section by the reviewers</p>	
Child and Family Services 1: (This requirement has been deleted.)				
Child and Family Services 2: Area Programs will have signed local Memoranda of Agreement with the local Department of Social Services and local stakeholders of the Department of Juvenile Justice and Delinquency Prevention as outlined by the Comprehensive Treatment Services Program legislation. Note: Pending new CTSP legislation, requirements for this performance standard may change.	<p>The intent of this standard is to ensure collaboration of child –serving agencies around serving children eligible for the ARC program. Furthermore, this requirement provides clear delineation of the responsibilities of the various child-serving agencies.</p> <p>Signed local MOA’s are a requirement outlined by the Comprehensive Treatment Services Program legislation.</p>	<p>Existence of signed Memoranda of Agreement with the local Department of Social Services and local stakeholders of the Department of Juvenile Justice and Delinquency Prevention.</p>	<p>The Program Accountability Section will monitor existence of signed MOA’s during annual program audits.</p>	<ul style="list-style-type: none">• Corrective action plans, which will be tracked via Accountability 1 of the Performance Agreement, are to be submitted for Area Programs who do not have a copy of current signed MOA’s.
Child and Family Services 3: (This requirement has been deleted.)				

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Child and Family Services 4: (This Requirement has been deleted.)				
Child and Family Services 5: Establish Area Program Local Community Collaboratives.	The intent of this requirement is to enhance local child-serving agencies collaborative efforts around serving children who are eligible for the Comprehensive Services Treatment Program funding. Collaborative efforts are required by Area Program Memoranda of Agreement with local stakeholders of Department of Juvenile Justice and Delinquency Prevention and local Department of Social Services.	The Division will measure compliance with Local Community Collaborative in the following manner: 1. By January 1, 2003, Area Programs will submit to the Child and Family Services Section an updated list of the members and agencies represented by the Local Community Collaborative.	The Child and Family Services Section Acting Chief, Linda Gunn-Jones, or her designee, has oversight of the monitoring process. 1. Area Programs are to send an updated list of Local Community Collaborative members to Julie Seibert (Julie.Seibert@ncmail.net), by January 1, 2003.	<ul style="list-style-type: none"> Require corrective action plan, which will be tracked via Accountability 1 of the Performance Agreement, if appropriate agencies are not represented as specified by the Child and Family Services Section.
Child and Family Services 6: (This requirement has been deleted.)				
Advocacy, Client Rights and Quality Improvement 1: Maintain a fully functioning Client Rights Committee in accordance with Division standards.	To monitor a committee that oversees and reviews client rights protections with an area program in accordance with APSM 30-1 T 10:14V.0504.	Analysis of the Annual Client Rights Report submitted to the area board in accordance with Attachment 12 (Report Guidelines)	Monitoring will now read as it did for 2001-2002 Performance Agreement: <ul style="list-style-type: none"> “Self report – Authority submits to Division copy of annual report on Client Rights Committee membership and activities as submitted to the Area Authority’s governing body (APSM 30-1 Rule T10:14V.0504(g)). Report due by October 1, 2003.	<ul style="list-style-type: none"> Provide technical assistance to area programs whose report is below the standard.